

Workers' Compensation Agency Automated Attendant
888-396-5041 or 517-241-4537 (Local Calls Only)

Thank you for calling the Department of Labor & Economic Growth, Workers' Compensation Agency. This automated system has several options. You may wish to have a paper and pencil ready.

If you are calling from a touch tone phone, **press 1** now. If you are calling from a rotary phone, stay on the line and someone will be with you shortly.

NOTE:

Please feel free to direct dial the phone numbers indicated by the yellow background for assistance.

If you are an injured employee, **press 1**

If you need information about insurance coverage requirements, exclusion forms, self-insurance or have received a letter regarding your insurance coverage, **press 2**.

If you would like to order a supply of forms or would like to hear our address, fax or e-mail address, **press 3**.

If you need to know the insurance carrier for a specific employer, **press 4**.

If you are an insurance carrier and have received a 701 letter or need claim information, **press 5**.

If you need information about Health Care Services Rules or fee schedule, **press 6**.

If you need Workers' Compensation claim history on an individual or are requesting copies from a workers' compensation file, **press 7**.

If you need something else, **press 8**.

To repeat this menu, **press 9**.

2 Compliance
517-322-1195

4 Ins. Coverage
517-322-1885

5 Cl. Secretary
517-322-1438

6 Health Care Services
517-322-5433

8 Receptionist
517-322-1441

1 - If you have general questions or are calling about a claim, please **press 1** now.

If you need copies of your file, **press 2**.

If you have questions on the status of a hearing, **press 3**.

To repeat this message please **press 4**.

To return to the previous menu, **press 5**.

1 Technician
517-322-1980

2 Sue Jones
517-322-6206

3 Contested
517-322-5991

7 - All requests must be submitted in writing. We cannot provide this information over the phone. Requests should include the name and social security number of the individual you are seeking information. Provide a contact name and phone number, return street address, city, state, and zip code.

Mail your request to:

Workers' Compensation Agency
PO Box 30016
Lansing MI 48909

Or you may fax your request to 517-322-1808.

To repeat this information, press 1.

To return to the previous menu, press 2, or you may hang up.

3 If you are an employer who has workers' compensation insurance, you should obtain forms from your insurance company. If not, you may request forms from us via the US mail, a fax, e-mail, [or you can leave a recorded request – **Because of space limitations on this guide, the recorded message options are not detailed but the information is listed below. If you wish to leave a recorded request, press 5**]. **For even faster service you may download forms immediately from our website.** All requests will need to include a contact name and phone number, company name, street address, city, state, ZIP code, the requested form name and/or number, and quantity. You should receive your forms within 5 business days of our receipt of your request.

(Press 1)

➔ **Mailing Address:**

Workers' Compensation Agency
PO Box 30016
Lansing, MI 48909

(Press 2)

➔ **E-Mail Address:**

wcinfo@michigan.gov

(Press 3)

➔ **Fax Number:**

517-322-1808

(Press 4)

➔ **Website Address:**

www.michigan.gov/wca
and click on **Forms**

To leave your request on a recording, **press 5**.

To repeat these instructions, **press 6**.

To return to the previous menu, **press 7**.

If you are done, you may hang up.